

03500.015701.



#7/A
6-24-02
Moeish

PATENT APPLICATION
BEST AVAILABLE COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
KOJI ONO) Examiner: E. Ortiz
Application No.: 09/938,571) Group Art Unit: 2815
Filed: August 27, 2001)
For: SOLID STATE IMAGE)
PICKUP DEVICE : May 24, 2002

Commissioner for Patents
Washington, D.C. 20231

RECEIVED
MAY 29 2002
TC 2800 MAIL ROOM

AMENDMENT

Sir:

In response to the Office action dated February 27, 2002, please amend the above-identified application as follows:

IN THE CLAIMS

Please cancel Claims 2-6 and 8-12, without prejudice and without disclaimer of subject matter presented therein.

Please amend Claims 1 and 7, and add Claims 13-29, to read as follows. A marked-up version of the amended claims, showing the changes made thereto, is appended.



2815
BEST AVAILABLE

In re Application of:

Docket No. 03500.015701.

KOJI ONO

Appln. No.: 09/938,571

Examiner: E. Ortiz

Filed: August 27, 2001

Group Art Unit: 2815

For: SOLID-STATE IMAGE PICKUP DEVICE

May 24, 2002

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 19	MINUS	** 20	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$40 \$84	\$0
Fee for Multiple Dependent claims \$135°/\$270						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

RECEIVED
MAY 29 2002
TC 2800 MAIL ROOM

A check in the amount of \$____ is enclosed.

BEST AVAILABLE

Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$____ to cover the Extension fee for response with a ____-month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.



Attorney for Applicant

Reg. No. 20613

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10132-3801
NY_MAIN 254812v1